



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: 12 Deer Lodge			District: 0236 Anaconda Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
10	1441	Yes	VANMEEL, TERRI		1.68	_____
10	1989	No	SOUSHEK, DEANNA & GARY		3.80	_____



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Date			Signature, Chair, Board of Trustees			
County: 12 Deer Lodge			District: 0237 Anaconda H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
10	1441	Yes	VANMEEL, TERRI		1.67	